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SEP 03 2004

Attorney Docket No.: FUJS 18.066 (100794-11568)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: HIDEAKI WATANABE et al.  
Confirmation No.: 9317  
Serial No.: 09/735,887  
Filed: December 13, 2000  
Title: DATA COMMUNICATION SYSTEM ...  
Examiner: JOHN SHEW  
Group Art Unit: 2664

September 3, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

SIR:

In response to the Office Action dated June 4, 2004, please amend the subject application

as follows:

11/12/2004 PYARBORD 00000003 501290 09735887  
01 FC:1201 86.00 DA

41315495.01

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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09735887

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20 =	0
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	13	Minus	20 =
Independent	10	Minus	5 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	FEES
BASIC FEE	355.00
OR	BASIC FEE
X\$ 9=	710.00
OR	X\$18=
X40=	160
OR	X80=
+135=	270
TOTAL	870
OR	TOTAL

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X40=	
OR	X80=
+135=	
TOTAL ADDT. FEE	870
OR	TOTAL ADDT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	20 =
Independent		Minus	3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		X80=	
X40=		270=	
OR		TOTAL ADDT. FEE	870
+135=		OR	TOTAL ADDT. FEE
TOTAL ADDT. FEE			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	20 =
Independent		Minus	3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		X80=	
X40=		270=	
OR		TOTAL ADDT. FEE	870
+135=		OR	TOTAL ADDT. FEE
TOTAL ADDT. FEE			

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.